

C.L. "BUTCH" OTTER- Governor RICHARD M. ARMSTRONG - Director DEBBY RANSOM, R.N., R.H.I.T - Chief BUREAU OF FACILITY STANDARDS 3232 Elder Street P.O. Box 83720 Boise, Idaho 83720-0036 PHONE: (208) 334-6526 FAX: (208) 364-1888 E-mail: fsb@idhw.state.id.us

April 18, 2007

Jessica Stacey, Administrator Renaissance Assisted Living-Creekview PO Box 1687 Idaho Falls, ID 83403

License #: RC-875

Dear Ms. Stacey:

On January 19, 2007, a complaint investigation, state licensure survey was conducted at Renaissance Assisted Living - Creekview. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

• Core issues, which are described on the Statement of Deficiencies, and for which you have submitted a Plan of Correction.

This office is accepting your submitted plan of correction.

Should you have questions, please contact John Wingate, RN, Health Facility Surveyor, Residential Community Care Program, at (208) 334-6626.

Sincerely,

JOHN WINGATE, RN

Team Leader

Health Facility Surveyor

Residential Community Care Program

JW/sc

c:

Jamie Simpson, MBA, QMRP Supervisor, Residential Community Care Program



C.L., "BUTCH" OTTER – Governor RICHARD M. ARMSTRONG – Director

DEBRA RANSOM, R.N.,R.H.I.T., Chief BUREAU OF FACILITY STANDARDS 3232 Eider Street P.O. Box 83720 Boise, ID 83720-0036 PHONE 208-334-6626 FAX 208-364-1888

April 10, 2007

JJ Johnson Renaissance Assisted Living –Creekview PO Box 1687 Idaho Falls, ID 83403

Dear Ms. Johnson

On January 19, 2007, an investigation of a reportable incident was conducted at your residential care facility. On March 6, 2007 a Level 1 Informal Dispute Resolution (IDR) hearing was held by phone with representative from your facility and the Department. As a result of the IDR proceedings, the survey report has been amended. Enclosed is the amended Statement of Deficiencies.

Also, enclosed is a form indicating the results of the IDR. This form is for your records only and need not be returned.

The Plan of Correction (POC) submitted by the facility on January 19, 2207, prior to the IDR, addresses the Statement of Deficiencies as amended. The POC is acceptable; therefore, and updated POC is not required. Thank you for your participation in the IDR process.

If you have questions regarding this information or need further assistance, please contact our office at (208) 334-6626. Thank your for your continued participation in the Idaho Residential Community Care Program.

Sincerely,

Jamie Simpson, MBA, QMRP

Supervisor

Residential Community Care Program

JS/sc

Enclosure

Bureau of Facility Standards

			PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED	
	13R875		B. WING _	01/19/2007				
NAME OF F	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY,	STATE, ZIP CODE			
				INOCK HW' .LO, ID 832				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (X (EACH CORRECTIVE ACTION SHOULD BE COMP CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)			
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F1 000	Team Coordinator Health Facility Surv Patrick Hendricksor Health Facility Surv	n, RN eyor		D.000				
R 008	8 16.03.22.520 Protect Residents from Inadequate Care. The administrator must assure that policies and procedures are implemented to assure that all residents are free from inadequate care.		R 008					
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	documented that " r or retained for whon	esion And Discharge no resident would be n this facility does no vices to provide appr	admitted ot have					

Bureau of Facility Standards

TITLE

(X6) DATE

YLHV11

PRINTED: 04/10/2007 FORM APPROVED

Bureau of Facility Standards

	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
13R875			B. WING	B. WING		01/19/2007	
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SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (X5) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (X5) COMPLETE DATE			
Continued From page 1		R 008					
On 1/19/07 at 11:45 interior security may non-functional. The foot fence around the gate that could be distring. Review of the "Rost by the administrator 10 residents had could be distributed."	5 a.m. The facility's egnetic locks for all exfacility's exterior yar ne back yard that incopened by only pullingter / Sample Matrix" on 1/19/07 docume ognitive impairment's maintain a secure in	rits were d had a 6 luded a g on a provided nted 6 of					
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January 25, 2007

Janet Johnson, Administrator Renaissance Assisted Living-Creekview PO Box 1687 Idaho Falls, ID 83403

Dear Ms. Johnson:

On January 19, 2007, a complaint investigation survey was conducted at Renaissance Assisted Living-Creekview. The survey was conducted by John Wingate, RN and Patrick Hendrickson, RN. This report outlines the findings of our investigation.

Complaint # ID00002511

Allegation #1:

The facility did not have a secure environment.

Findings:

Based on observation's and record review it was determined the facility did not provide an interior environment and exterior yard which was secure for resident's at risk for wandering outside and off of the facility property. This deficiency had the potential to affect 100% of the residents in the facility. The findings include:

Secure Environment

The facility's "Admission And Discharge Policy," documented that " no resident would be admitted or retained for whom this facility does not have the capability or services to provide appropriate care."

On January 2, 2007 at 11:45 a.m. The facility's existing interior security magnetic locks for all exits were non-functional. The facility's exterior yard had a 6 foot fence around the back yard that included a gate that could be opened by only pulling on a string.

Review of the "Roster / Sample Matrix" provided by the administrator on January 19, 2007 documented 6 of 10 residents had cognitive impairment's.

Janet Johnson, Administrator January 25, 2007 Page 2 of 2

Conclusion:

Substantiated. The facility failed to maintain a secure interior and exterior environment to help prevent Resident's from wandering from the facility. This failure resulted in inadequate care and constituted immediate danger and had the potential to adversely affect 100% of the residents in the facility. The facility was issued a deficiency at IDAPA 16.03.22.520 for inadequate care. The facility was informed of the immediate danger situation on January 19, 2007, and an immediate plan of correction was implemented at that time.

The facility is required to submit a plan of correction for ongoing compliance by February 5, 2007. Thank you to you and your staff for the courtesies extended to us on our visit.

Sincerely,

JOHN WINGATE, RN

Team Leader

Health Facility Surveyor

Residential Community Care Program

JW/slc

c: Jamie Simpson, MBA, QMRP, Supervisor, Residential Community Care Program



BUREAU OF FACILITY STANDARDS P.O. Box 83720 Boise, ID 83720-0036 (208) 334-6626 fax: (208) 364-1888

ASSISTED LIVING Non-Core Issues Punch List

Facility Name		Physical Address	Phone Number	
Rangisson Co Administrator	2 AL	S685 S Banoch DR city Pocatello ID survey Type CIP/Reportable	ZIP Code	5 <i>7</i> 7
Administrator		City		
Administrator J John Survey Team Leader	50n	Pocatello ID	83204 Survey Date	·
Survey Team Leader		Survey Type	Survey Date	
J. Winga	te	CI Reportable	1-19-0	7/
NON-CORE ISSU	IES	•		
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Response Required Date	Signature of Facility Representative		· · · · · · · · · · · · · · · · · · ·	Data Signed
2-19-07	Signature of Facility Representative			Date Signed
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